

Travel Expense Reimbursement Form

Submit completed form and additional documents to: don.onwiler@ncwm.com

If completing form by hand, do so legibly. Illegible forms may delay processing times.

NCWM MEMBER INFORMATION			
Member ID#:	Full Name:	Organization:	
Make Check Payable To:			
Street Address:			
City:	State:	Zip Code:	Country:
Phone Number:	Fax Number:	Email Address:	
EVENT INFORMATION			
Committee (if applicable):	Function:	Dates of Travel:	
EXPENSES			
Airfare: *Please provide receipt.		\$	
Personal Vehicle Travel: \$.56/Mile *Mileage rate may be adjusted as per GSA Standard Mileage Rates.		Number of Miles:	\$
Parking: *Please provide receipt.		\$	
Ground Transportation: *Please provide receipt.		\$	
Time You <u>Left</u> Home on Day 1:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time You <u>Arrived</u> Home on Last Day:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Per Diem: \$72/Day (Includes Tips) *Please adjust meals provided by NCWM. Breakfast \$16, Lunch \$18, Dinner \$38		Number of Days:	\$
Lodging: *Please provide receipt.		\$	
Miscellaneous Expenses (Does NOT Include Tips or Phone Calls) *Please provide receipt.		\$	
Total Expenses Claimed:			\$
Signature:		Date:	